

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | N | 753P | 10-6-99 |
| C.I.P.E. CLASSIFIED | | 15 | 5-5-99 |
| FORMALITY REVIEW | | 7143 | 10/18/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| 1 | 2/2/02 |
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If more than 150 claims or 10 actions
 staple additional sheet here

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